

PROJECT ACCESS FORM

Erasmus plus project 'Let's visit my hometown'

No 2019-1-PL01-KA229-065056_1

1. Personal information:

First name: _____

Surname: _____

Sex female male

Date of birth: _____

Place of birth: _____

ID number: _____

Address:

Street, house, apartment number: _____

Postcode: _____

City/Town: _____

Country: _____

Student's phone number: _____

Parents' phone numbers (all available): _____

Parents' e-mail addresses: _____

2. Additional information:Health condition requirements (e.g. allergy, food limits
etc.) _____

Hobbies, interest: _____

Others: _____

3 I declare that all personal data presented in this form are true and I am aware of legal consequences in case of false information given.

Date_____
parents' signature



Attached Annexes:

Copy of student's passport or ID document

Copy of European Health Insurance Card

Motivation letter for your access in activities abroad

(Specify your reasons why you want to take part in this international event.)

Date

student's signature

